

## IGNATIA.

The seed of *Strychnos Ignatia*, Lindley (Nat. Ord. Loganiaceae). Philippine Islands.  
*Dose*, 1 to 2 grains.

**Common Name:** St. Ignatius Bean.

**Principal Constituents.**—*Strychnine* and *brucine*, the former predominating; and *igasuric acid*.

**Preparation.**—*Specific Medicine Ignatia*. 1/20 to 5 drops. ( Usual method of administration: Rx Specific Medicine Ignatia, 5-15 drops; Water, 4 fluidounces. Mix. Sig.: One teaspoonful every 1 to 3 hours.)

**Specific Indications.**—Atony and nervous debility; (see also below.)

**Action and Therapy.**—Ignatia acts very much like nux vomica and may be used in conditions similar to those benefited by it. As it contains a considerable amount of brucine, it is thought to have a distinctive field in medicine. The specific guide for ignatia is atony and nervous debility. From the views of those who believe it superior to and even different in action from nux vomica we have outlined the following conditions in which it is said to be effective: General nervous atony; disposition to grieve; congestive headache; deep-seated, dull, dragging pain in the loins and back, or right hypochondrium; hysterical, choreic, epileptoid, or hypochondriacal manifestations arising from general nervous and muscular debility; muscular twitchings, particularly of the face and eyelids; dullness of the special senses, particularly asthenopia, and of hearing; wandering pelvic pains; sexual frigidity; dysmenorrhea, with colic-like pain and heaviness of the womb; coldness of the extremities, with burning of the soles of the feet. It will be observed that many of these symptomatic guides are derived from homeopathy. Observing the indications applicable it is believed useful in atonic dyspepsia, gastralgia, sick headache, disorders of the female reproductive organs, and nervous depression with pain. Though the composition of ignatia is similar to that of nux vomica, there may be a different molecular constitution in the two drugs, accounting for the varying shades of therapeutic activity ascribed to the two medicines.

## IMPATIENS.

The plants *Impatienspallida*, Nuttall; and *Impatienscapensis*, Meerb., (Nat. Ord.

Balsaminaceae). Moist shady places and rich soils in the United States.

**Common Names:** Balsam jewel Weed, Balsam Weed, Jewel Weed, (1) Pale TouchMe-Not, (2) Speckled Touch-Me-Not.

**Preparation.**—The bruised, fresh plant.

**Action and Therapy.**—*External.* Refrigerant and sedative. The fresh juice of the crushed Impatiens gives prompt relief in the dermatitis of rhus poisoning if used early. It also quickly relieves the intolerable stinging produced by nettles. As these plants usually grow contiguously the balsam can be procured and applied at once. The relief is almost magical. The bruised plants may also be used to relieve the pain of acute engorged hemorrhoids.

## INULA.

The root of *InulaHelenium*, Linné (Nat. Ord. Compositae). A common roadside and pasture weed in Europe and America. **Dose**, 1 to 60 grains.

**Common Names:** Elecampane, Scabwort.

**Principal Constituents.**—Resins, *inulin* (30 to 40 per cent), a starch-like body, and *helenin* (Alant camphor).

**Preparations.**—1. *Specific Medicine Inula.* **Dose**, 1 to 60 drops.

2. *Syrupus Inula*, Syrup of Inula, (Specific Medicine Inula, 1 fluidrachm; Syrup, 16 ounces). **Dose**, 1 to 4 fluidrachms.

**Specific Indications.**—"Cough of a teasing and persistent character accompanied by substernal pain and profuse excretion; atony of abdominal viscera with engorgement and relaxation; catarrhal discharges." (*American Dispensatory*, 1900.)

**Action and Therapy.**—Inula is an aromatic, stimulating expectorant and tonic. It is one of the old but neglected remedies of early domestic and eclectic development, and has recently been revived as a remedy of promise in chronic pulmonic disorders. As it acts kindly upon the stomach, it proves tonic and favors digestion and assimilation. It seems especially adapted to chronic disorders with excessive mucous discharges. It has long been valued in chronic catarrhal states of the bronchi, bladder, and vagina, and particularly in chronic endometritis with discharge of glairy mucus. It relieves some cases of humid asthma

and controls night sweats.

Inula is of greatest service in bronchial irritation, with cough of a persistent, teasing character, with copious expectoration. We have for many years used and valued the syrup advised by Locke, and prepared as follows: Take Elecampane, 1 ounce; Boiling Water, 16 fluidounces. Boil until but 8 ounces remain; add 1/2 pound of white sugar. This is especially useful in chronic bronchitis, with profuse excretion of mucus or muco-pus, and in the cough persisting after la grippe and the severest forms of colds.

From time to time reports have come to press that helenin and other constituents of inula are fatal to the tubercle bacillus. In 1900 we recorded in the *American Dispensatory* the statement that "helenin is accredited with a fatal action upon the tubercle bacillus by Korab, Blocq, and others." Locke, in his lectures, emphasized the value of Inula in phthisis, and noted particularly its value to control the night sweats of that disorder. This was recorded in Locke's Syllabus in 1895. More recently, since hypodermatic and intravenous medication have come into vogue, inula, together with echinacea, has been reinvestigated and advised as a potent drug for its influence upon pulmonary tuberculosis. This work is still in the experimental stage, but with promise at least of amelioration of symptoms and gain of weight in some cases and a marked lessening of cough and secretion. Over-enthusiastic reports must be received with judgment, and not too much hoped for until more complete knowledge of its power over tuberculosis is proved or disproved. The value of the drug, internally administered, so far as amelioration of distressing symptoms is concerned, is unquestioned, but so far we are skeptical concerning its power to destroy the tubercle bacillus within the body.

## **IPECACUANHA (Cephaelis Ipecacuanha).**

The root of (1) *Cephaelis Ipecacuanha* (Brotero), A. Richard, or of (2) *Cephaelis acuminata*, Karsten (Nat. Ord. Rubiaceae). Brazil and other parts of South America.  
**Dose**, 1 to 20 grains.

**Common Names:** Ipecac, (1) Rio Ipecac, (2) Cartagena Ipecac.

**Principal Constituents.**—The alkaloids *emetine* (C<sub>30</sub>H<sub>44</sub>N<sub>2</sub>O<sub>4</sub>), *cephaeline* (C<sub>28</sub>H<sub>33</sub>N<sub>2</sub>O<sub>4</sub>), *cephaelic* (ipecacuanhic) acid, volatile oil, tannin, etc.

**Preparations.**-1. *Pulvis Ipecacuanha*, Powdered Ipecac. *Dose*, 1 to 20 grains. (Usual emetic dose, 10 to 15 grains.)

2. *Specific Medicine Ipecac*. *Dose*, 1/30 to 20 drops (for specific purposes the fractional dose is employed).

3. *Syrupus Ipecacuanha*, Syrup of Ipecac. *Dose*, 1 to 20 minims (expectorant); 2 to 4 fluidrachms (emetic).

4. *Alcresta Ipecac*. *Dose*, 1 tablet daily.

**Specific Indications.**—Irritation with long and pointed tongue, with reddened tip and edges, and accompanied by nausea and vomiting, with or without fever; irritation with increased secretions; irritation of stomach, bowels, bronchial tubes, bronchioles, and pulmonic air cells, and nervous system; irritative diarrhoea; dysentery, with the ipecac tongue; acute bowel disorders with increased secretion; hypersecretion of bronchial fluid with mucous rales (minute dose); diminished expectoration (medium doses); irritative cough, with or without dyspnea; hoarseness from coughs and colds; hemorrhage; menorrhagia (medium doses); as an emetic when the stomach is overloaded or in foul condition, with broad, flabby and slimy tongue (full doses).

**Action.**—Ipecac, in material amounts, is irritant to the skin and mucosa. Applied by inunction it excites irritation, and produces vesicular and pustular eruptions and sometimes ulcers. When inhaled it causes heat and violent sneezing. In susceptible individuals the powdered drug excites pronounced attacks simulating asthma, the chief symptoms being great dyspnea, with wheezing respiration and cough, and marked anxiety and prostration. This is often accompanied by violent and prolonged sneezing and spitting of blood, and followed usually by a free expectoration of mucus. In doses of less than 1 grain, ipecac is a gastric tonic and hepatic stimulant. Large doses (15 grains or more) are emetic. If emesis fails catharsis may result; or both emesis and purgation may be produced by it. Ipecac feces are peculiar-bilious and mush-like. From 3 to 10 grains of the powdered drug will cause nausea, with more or less depression of the pulse, languor, diaphoresis, and increase of mucous secretion. As an emetic it is fairly slow (15 to 20 minutes), active and thorough, causes much nausea and muscular straining, and the ejection of a large quantity of mucus. A state of tolerance may be established by the prolonged use of ipecac. Though said to have no appreciable effect upon the circulation, the therapeutic action of small doses seems to controvert this statement, a stimulating

effect accepted in Eclectic therapy as special sedation resulting.

Emetine has produced death by gastro-intestinal inflammation and cardiac paralysis.

**Therapy.**—The field of therapeutic activity of ipecac is restricted chiefly to the digestive and respiratory tracts, and to some extent to the blood vessels, acting as a hemostatic. It is decidedly irritant to mucous surfaces, particularly that of the nasal passages, and in some individuals will precipitate an attack simulating spasmodic asthma. It increases biliary activity, is expectorant in small doses, and emetic in full doses, and there is evidence that it possesses antiseptic qualities.

Ipecac is used chiefly for five great purposes: (1) In full doses as an emetic; (2) in small doses as a nauseant expectorant; (3) to check active hemorrhage; (4) to check vomiting; (5) and as employed mostly in Eclectic therapy, to control *irritation* and inflammation of the mucous passages of alimentation and respiration.

The chief specific indications are: (1) The full, broad tongue, heavily coated, with constant nausea or vomiting. Here it should be used in full doses as an emetic; (2) irritation of digestive tract, with long, pointed, reddened tongue and tendency to nausea, vomiting, diarrhea or dysentery; (3) scanty expectoration, with irritative cough and hoarseness; (4) active hemorrhage.

The conditions demanding the specific use of ipecac are those showing *irritation, capillary engorgement, and hypersecretion*.

As an emetic ipecac is not suited for emergency cases, such as poisoning, if other more suitable and more rapid emetics can be procured. Zinc sulphate or apomorphine is more prompt and more certain in poison cases, especially narcotic poisoning. But for the purpose of relieving the stomach of its contents when overloaded, or when food is fermenting and undergoing faulty digestion, and the tongue is heavily coated, the breath foul, and nausea, or vomiting imminent, a full emetic dose of ipecac is justifiable and efficient. In this way it often relieves gastric distress and pain, being of very great value in acute indigestion, and checks bilious attacks with sick headache due to the causes mentioned.

One of the therapeutic facts long ago recognized by those whose eyes are not otherwise open to the utility of specific medication is that ipecac (though a common emetic), in very small doses, is one of the best of antiemetics. This is most easily accomplished when the tongue is red and pointed and shows evidence of irritation. There are other cases, however, in which the nausea depends upon foul accumulations in the stomach. The tongue is then broad, flabby, and slimy, and nausea is pronounced. In such instances a full emetic dose may be given, and if nausea and vomiting then persist it may be followed by minute doses. This usually is effective. Ipecac in small doses is one of the recognized agents of value in the nausea and vomiting of pregnancy.

Ipecac is often lost sight of as a remedy for active hemorrhage. Of course, it operates best where the quantity of blood lost is small. We have seen most excellent results follow its use in hemoptysis and in the hemorrhage from gastric ulcer. It should not be given in doses large enough to cause emesis. In typhoid fever it is less valuable than carbo-vegetabilis or gallic acid, but may be used for the bloody discharges of dysentery. It may also be exhibited in nosebleed, haematuria and in menorrhagia, in the latter case often doing excellent service when given in a single full dose.

The greatest value of ipecac lies in its beneficent effect upon irritation of the gastric and intestinal mucosa. The long, pointed tongue, with reddened tip and edges, the uneasiness and pain, the tendency to diarrhea and particularly to dysentery, and the disposition to nausea are so completely met by it as to give it prominence among the specific medicines for acute diseases of stomach and bowels. If there is fever, it should be given with the indicated sedative, usually aconite. It is especially a remedy for summer disorders of children. It, together with aconite and magnesium sulphate, forms the best treatment for acute dysentery with muco-sanguineous passages. For this purpose we have used it invariably and always with complete success.

Ipecac in large doses (20 to 60 grains), administered after a preceding dose of opium to produce sedation, is considered one of the most certain methods of meeting amebic or tropical dysentery and preventing the subsequent formation of hepatic abscess. This is followed every four hours with twenty-grain doses, tolerance having become established until the peculiar mush-like ipecac stools are

produced.

Ipecac finds a prominent place in acute gastric irritation, in gastric inflammation, in acute hepatitis, in enteritis, and particularly in cholera infantum of the irritative type. It is especially useful in acute mucous diarrhea and in the diarrhea of dentition. In all abdominal conditions requiring ipecac there is the characteristic tongue—long, with reddened tip and edges, and prominent papillae. There is tenderness upon pressure, and the patient is noticeably irritable, and easily disturbed by noises. There is vascular irritability and marked hyperaesthesia. All the faculties are preternaturally acute and the patient extremely sensitive. In such cases no remedy will render better service than ipecac, given in small doses. Often there is the white line around the mouth, contraction of tissue, with pinched countenance; and even if there is no fever, there is a suggestion of approaching nervous explosion, so great is the hyperaesthetic condition of the little patient. In such instances it is decidedly calmative, relaxant and soothing; but the dose must be guarded to keep it below the nauseant point.

A new field for ipecac and its alkaloid particularly is the endamebic infection, pyorrhoea alveolaris. The specific medicine may be used around the teeth or emetine injected; and it has been suggested that ipecac preparations form a part of the daily mouth wash. The use of alcresta ipecac has produced some remarkable results in pyorrhoea. However, it has become established that there are different types of pyorrhoea, and that the emetine treatment often fails, and its early reputation as a specific has not been sustained. Still it is the most useful treatment so far advised, and will be used until a better one can be devised.

Ipecac is used less, perhaps, as an expectorant in Eclectic practice than by members of the dominant school. Still, where there is a short, irritative cough, with lack of secretion (nauseant doses), and in cases with excessive secretion (stimulant doses), small doses of ipecac are decidedly useful. It is also valuable in harsh, croupal cough and in explosive cough and in irritable conditions brought on by too frequent or violent use of the voice. Thus it finds a place in the treatment of common colds, bronchitis, broncho-pneumonia and pneumonia, la grippe, and in the cough of measles. Taken internally and sprayed locally, it is one of the greatest remedies for hoarseness due to atony of

the vocal cords, and for aphonia due to either irritation or atony of the vocal apparatus. It must not be expected to cure such conditions when due to a tubercular larynx, but many such cases may be temporarily ameliorated by such treatment. It is less valuable in croupous conditions than lobelia, but if used in the various forms of croup, emesis should be gradually (not suddenly) provoked by repeated moderate doses.

The dose of ipecac as an emetic is 15 to 20 grains, in plenty of warm water. For other purposes the following usual prescription may be used: Rx Specific Medicine Ipecac, 5-15 drops; Water, 4 fluidounces. Mix. Sig.: One teaspoonful every 2 or 3 hours, as indicated.

## IRIS.

The rhizome and roots of *Iris versicolor*, Linné (Nat. Ord. Iridaceae). Common in wet places in the United States. **Dose**, 5 to 20 grains.

**Common Names:** Blue Flag, Larger Blue Flag, Fleur de Luce.

**Principal Constituents.**—Volatile oil, a whitish-yellow resin, a trace of an alkaloid, and a comphoraceous body.

**Preparation.**—*Specific Medicine Iris*. **Dose**, 1 to 20 drops.

**Specific Indications.**—Enlarged, soft and yielding lymphatic enlargements; thyroid fullness; splenic fullness; chronic hepatic disorders, with sharp, cutting pain, aggravated by movement; clay-colored feces, with jaundice; nausea and vomiting of sour liquids, or regurgitation of food, especially after eating fats or rich pastry, or ice cream; watery, burning feces; rough, greasy skin, with disorders of the sebaceous follicles; abnormal dermal pigmentation.

**Action.**—Iris stimulates the glands of the body to increased activity and impresses the nervous system. In large doses it is emeto-cathartic, acting violently, the vomitus being acid and the catharsis watery and persistent and accompanied by colic and rectal heat. Iris increases the hepatic and pancreatic secretions, as well as those of the intestines. Iris also salivates, but without injury to the gums and teeth. Salivation from vegetable sialagogues may be differentiated from that caused by mercury by the absence of mercurial fetor and lack of sponginess of the gums or loosening of the teeth. Neuralgic pain is said to be produced

by iris when given in large doses; and when even moderately full therapeutic doses are administered it produces a more or less persistent belly-ache and mild catharsis. Iris is capable of causing gastro-enteritis resulting in death. To be effective iris preparations must be made from prime, heavy, resinous root-stocks; when old and light, like tan-bark, iris produces neither physiologic nor therapeutic effects.

**Therapy.—External.** Specific Medicine Iris has been painted upon goitre with good results, though it is effectual in but few instances, and the type is not as yet well defined. It is also advised as an efficient local treatment for psoriasis, chronic itching eczema, various types of tinea, prurigo, and crusta lactea. In all of the preceding disorders the drug should be given internally while being applied externally.

**Internal.** Iris is alterative and cholagogue. It exemplifies as fully as any drug the meaning of the term alterative as used in Eclectic therapy. Perhaps this is best expressed to-day by saying that it corrects perverted metabolism. Iris, in small doses preferably, quietly stimulates the glandular structures of the body, both the glands with outlets and the ductless glands. It promotes waste and excretion, two processes necessary before repair can well take place. In broad terms it is a remedy for “bad blood” and imperfect nutrition. The term “bad blood” or blood dyscrasia has, as a rule, little relation to the blood itself, but pertains chiefly to imperfect lymphatic elimination and faulty retrograde metamorphosis. Iris impresses the thyroid function, is of great value in the adenopathies of syphilis and skin affections, with imperfect functioning of the lymphatic system resulting in enlarged lymph nodes. Hepatic torpor, splenic fullness, and jaundice, with clay-colored stools are influenced for good by it, the drug acting quietly as an alterative when given in small and repeated doses.

Iris should be used in the various cachexias—lymphatic, scrofulous and syphilitic. It proves more or less useful in some cases of goitre or enlarged thyroid, whether the enlargement be constant, or merely the temporary fullness associated with the menstrual function, normal or abnormal. When it does good it is chiefly in reducing enlargement, and appears to have but little influence upon the tachycardia and other disturbances of hyperthyroidism. As a rule, soft glandular enlargements are best treated with iris, and hard enlargements with phytolacca. However, iris is sometimes surprisingly effective in goitre,

while more often it seems to fail completely. The exact type most benefited has never been clearly defined. In order to obtain satisfactory results at all, the use of the drug must be continued over a period of several months. In exophthalmic goitre it may be given early, but without great hope of doing more than to affect the bodily glandular functions, thereby improving the general health of the patient. The same may be said for it in Addison's disease, in which it has sometimes benefited, but has not, of course, cured. Iris is often useful in splenic fullness, and ovarian and uterine turgescence in cachectic individuals.

Minute doses of iris relieve gastric irritation, with nausea, vomiting, and gastralgia. In like doses it is sometimes useful in cholera infantum, and in either diarrhea or dysentery, both with large, slimy evacuations, repeated small doses have proved very effectual. Still for all these bowel troubles it is far inferior to ipecac. It is quite certain, however, to relieve sick headache dependent upon indigestion, and bilious headache, with nausea and sour and bitter vomiting, and clay-colored stools. In fact one of the most important uses for iris is in that complex condition included in the elastic denomination "biliousness". For regurgitation of fatty foods or pastries it is especially effective. In hepatic congestion, with constipation, and sharp-cutting pains, increased by motion, iris frequently gives relief. When constipation depends upon hepatic and intestinal torpor and in duodenal catarrh, with jaundice and clay-colored feces, iris should be considered as a possible remedy. Aching pain, with pressure beneath the scapulae, usually dependent upon hepatic wrong, is relieved by 1 to 5 drop doses of specific medicine iris.

**monographs extracted from**  
**The Eclectic Materia Medica, Pharmacology and Therapeutics**  
**by Harvey Wickes Felter, M.D. (1922)**

NOTE: Throughout these monographs are references to “Specific Medicines”. In some respects Specific Medicines are the single reason that Eclecticism survived so long in the face of “Organized Medicine” and were still being manufactured for the surviving Eclectic M.D.s as late as the early 1960s. Using up to eight organic solvents and the Lloyd Extractor, Specific Medicines represented the strongest possible concentration of the bioactive aspects of botanicals that would stay in a colloidal solution.

Perfected over four decades by John Uri Lloyd, each Specific Medicine was prepared according to the nature of THAT specific plant. You cannot translate a Specific Medicine into “tincture” or “fluidextract”. The latter are GENERIC or standard strengths applied across the board to ALL botanicals. A Specific Medicine represented the greatest strength, without degradation, for a PARTICULAR plant, using anywhere from several to all of the solvents to achieve this. The Eclectic physician was trained to use botanicals in an oftentimes rural setting, and these medicines had to resist breakdown in the deepest winter and the hottest summer. Since they needed to contain even the most ephemeral constituents of a plant remedy, Lloyd approached each plant separately.

The amazing quality of these preparations assuredly maintained the Eclectic Movement long after others had faded. Lloyd’s recipes were Patent Medicines, were not “official”, and when relatives finally closed down the Lloyd Brother’s Pharmacy in Cincinnati, these formulae disappeared. One of the hottest topics for many years amongst professional herbalists in North America and Europe has been “So who has the Lloyd Formulas, already?” Since we cannot access them, the best approach is the use of well made tinctures, capsules or tea. I might suggest the preparations and doses recommended in my Herbal Materia Medica 5.0 as a starting place...in many respects I am perhaps a “Neo-Eclectic” at heart, and have tended to follow the later Eclectics in my approach to plants and dosages.

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